



SANTÉ QUÉBEC

In
2002...
I'll be 5 years old!

« IN 2002... I'LL BE FIVE YEARS OLD ! »

Longitudinal Study of Child Development in Québec
(ÉLDEQ - E2) - VOLET 1999

PAPER QUESTIONNAIRE COMPLETED BY THE INTERVIEWER (PQCI)

File No.:

2	9	9											
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1234567891011121314

Questionnaire status :
Completed 1
Partially completed 2
Not completed 3

Interviewer No. :

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Interview language :

2

Starting time (*heure internationale*) of questionnaire:

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Hour/s Minute/s

Date of interview:

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--	--

Day Month Year

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Tel. : (514) 873-4749

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SINGLETONS/TWINS AGED ABOUT 17 MONTHS

SECTION 1 - ABOUT THE FEEDING PROFILE OF

_____ (AGED ABOUT 17 MONTHS)...

(First name of child/twin)

**THIS SECTION WILL ENABLE YOU TO DRAW UP A FEEDING PROFILE FOR
_____ (YOUR CHILD/TWIN OF ABOUT 17 MONTHS)
BY DETERMINING HIS/HER FEEDING HABITS AND ADDRESSING THE
INTRODUCTION OF BEVERAGES AND NEWS FOODS.**

1- RESPONDENT STATUS:

BIOLOGICAL MOTHER OF THE CHILD/TWINS 1

CURRENT SPOUSE OR PARTNER OF THE BIOLOGICAL MOTHER OF THE CHILD/TWINS (NOT THE BIOLOGICAL FATHER) 2

BIOLOGICAL FATHER OF THE CHILD/TWINS 3

CURRENT SPOUSE OR PARTNER OF THE BIOLOGICAL FATHER OF THE CHILD/TWINS (NOT THE BIOLOGICAL MOTHER) 4

OTHER 5

2- When _____ (child/twin OF ABOUT 17 MONTHS) is at home with you, how often does he/she eat

	Always	Almost always	Sometimes	Almost never	Refusal
a) ... the same food as you?	1	2	3	4	9
b) ... a different meal that you prepare?	1	2	3	4	9

- 3- At what age did _____ (child/twin OF ABOUT 17 MONTHS) first start having meals with solid (*NOT PURÉE FOOD*) ?

Number of months _____ 01
 Did not start yet 97
 Do not know 98
 Refusal 99

- 4- In general, does _____ ...

	Never	Rarely	Sometimes	Often	Refusal
a) ... eat enough?	1	2	3	4	9
b) ... refuse to eat the right food?	1	2	3	4	9
c) ... over-eat?	1	2	3	4	9

- 5- At what age did you stop nursing (or giving breast milk) to _____ ?

I did not nurse my child/twin (give him breast milk) 1
 _____ days 2
 _____ week/s 3
 _____ month/s 4
 I am still breast feeding 5
 Do not know 8
 Refusal 9

6- At what age did you stop giving commercial baby formulas to _____ (child/twin OF ABOUT 17 MONTHS)?

I did not give my child/twin commercial baby formulas 1 ➡ (Go to Q. 7)

_____ days 2

_____ week/s 3

_____ month/s 4

I am still feeding him/her formula 5

Do not know 8

Refusal 9

6a- In the commercial baby formula, was there added iron? [I ➡ Refer to the last formula used]

Yes 1

No 2

Do not know 8

Refusal 9

7- At what age did you start giving cow's milk to _____?

I do not give my child/twin cow's milk 1

_____ days 2

_____ week/s 3

_____ month/s 4

Do not know 8

Refusal 9

8- Is _____ (child/twin OF ABOUT 17 MONTHS) still drinking from a bottle?

- Yes 1 ➡ (Go to Q. 8b)
 No 2 ➡ (Go to Q. 8a)
 Never drank from a bottle 3
 Do not know 8 ➡ (Go to Q. 9)
 Refusal 9

8a- At what age did he/she stop completely? _____ months ➡ (Go to Q. 9)

8b- How often does he/she want a bottle...

	Never	Rarely	Sometimes	Often	Refusal
b1- ... to get to sleep during the day (naptime)?	1	2	3	4	9
b2- ... to get to sleep at night?	1	2	3	4	9
b3- ... during his/her nap?	1	2	3	4	9
b4- ... while he/she sleeps at night?	1	2	3	4	9
b5- ... when he/she is awake (when playing, watching television, walking around, etc..)?	1	2	3	4	9

8c- What do you put in the bottle **most often**? [I ➡ Write just one response ➡ Do not read the choices of responses]

- Water 1
 Breast milk 2
 Commercial infant formula 3
 Cow's milk 4
 Juice 5
 Juice with water added 6
 Other (specify) _____ 7

- 9- In the past week, what quantity of MILK and/or CHOCOLATE MILK has _____ (OF ABOUT 17 MONTHS) drunk, on average, per day (bottle or glass)? *[I ➡ Write the number and circle "1" for oz or "2" for ml]*

_____ number of bottles of _____ oz	1
or	
_____ ml	2

AND/OR

_____ number of glasses of _____ oz	1
or	
_____ ml	2

He/she does not drink milk
and/or chocolate milk 97

Do not know 98

Refusal 99

- 9a- In the past week, what quantity of FRUIT JUICE and/or FRUIT DRINKS has _____ drunk, on average, per day (bottle or glass)? *[I ➡ Write the number and circle "1" for oz or "2" for ml]*

_____ number of bottles of _____ oz	1
or	
_____ ml	2

AND/OR

_____ number of glasses of _____ oz	1
or	
_____ ml	2

He/she does not drink fruit
juice and/or fruit drinks 97

Do not know 98

Refusal 99

10- Does _____ still eat BABY CEREAL?

Yes 1 ➡ (Go to Q. 11)

No 2

Refusal 9 ➡ (Go to Q. 11)

10a- At what age did _____ stop eating BABY CEREAL?

_____ months 1

_____ weeks 2

Do not know 8

11- In the past week, on average, how many times during the week or how many times per day has _____ (OF ABOUT 17 MONTHS) eaten the following foods?

[I ➡ Show Responses Card B)

	NONE	TIMES (DURING THE WEEK)			TIMES (PER DAY)		DO NOT KNOW
		1-2	3-4	5-6	1	2 AND +	
a) Milk	1	2	3	4	5	6	8
b) Cheese	1	2	3	4	5	6	8
c) Yoghurt, milk desserts (example: Laura Secord milk puddings) [I ➡ excluding ice creams]	1	2	3	4	5	6	8
[I ➡ In the past week...]							
d) Fruit	1	2	3	4	5	6	8
e) Juice/Fruit drinks	1	2	3	4	5	6	8
f) Vegetables/Potato	1	2	3	4	5	6	8
g) Poultry	1	2	3	4	5	6	8
h) Meat (example: pork, beef, veal, etc.)	1	2	3	4	5	6	8
i) Fish	1	2	3	4	5	6	8
[I ➡ In the past week...]							
j) Legumes, pulses (example: lentils, tofu)	1	2	3	4	5	6	8
k) Bread	1	2	3	4	5	6	8
l) Baby cereal	1	2	3	4	5	6	8
m) Cereal other than baby cereal (example: Corn Flakes, Froot Loops, etc.)	1	2	3	4	5	6	8
[I ➡ In the past week...]							
n) Pasta/Rice	1	2	3	4	5	6	8
o) Pastries/Candies/Cookies/Chips	1	2	3	4	5	6	8

12- What type or brand of fluoride supplements (alone or in combination with vitamins and/or minerals) are you **currently** giving _____ (child/twin OF ABOUT 17 MONTHS)?

[I ➡ See the Responses Card "C"]

Name on box : _____ 1

Currently, not taking any 2 ➡ (Go to Q.13)

12a- How often is he/she taking them **now**?

Twice a day 1

Once a day 2

Less than once a day 3

Less than once a week 4

Do not know 8

Refusal 9

12b- At what age did you start giving him/her **THESE** fluoride supplements?

When he/she was born 1

_____ days 2

_____ week/s 3

_____ month/s 4

Do not know 8

Refusal 9

13- In the past three months (namely since last...), how many times has _____ (child/twin OF ABOUT 17 MONTHS) suffered from...

	None	Once	Twice	3 times	4 and +	DNK	Refusal
a) gastro-intestinal infection (gastro-enteritis ("stomach flu") lasting one day or more, vomiting and/or diarrhoea)?	1	2	3	4	5	8	9
b) ear infection (otitis)?	1	2	3	4	5	8	9
[I ➡ In the past three months...]							
c) respiratory infection with fever (cold, flu, pneumonia)?	1	2	3	4	5	8	9
d) another infection (e.g.: urinary tract infection) Specify _____	1	2	3	4	5	8	9

14- In the past six months (namely since last...), how many times has _____ taken antibiotics?

None	1
Once	2
Twice	3
3 times	4
4 times or +	5
Do not know	8
Refusal	9

SECTION 2 - ABOUT THE TEETH OF _____ AGED ABOUT 17 MONTHS...

(First name of child/twin)

15- How old was _____ (child/twin OF ABOUT 17 MONTHS) when his/her teeth were brushed for the first time?

_____ months	01
His/her teeth were never brushed	02 ➔ (Go to Q. 19)
Do not know	98
Refusal	99

16- Who usually brushes _____'s teeth?

He/she brushes them him/herself	1
He/she brushes them under an adult's supervision (adult watches the child)	2
He/she brushes them with an adult's help (adult brushes with the child)	3
Adult brushes them	4
Do not know	8
Refusal	9

17- Yesterday, for instance, how many times were _____'s teeth brushed?

Teeth were not brushed	1
Once	2
Twice	3
3 times or more	4
Do not know	8
Refusal	9

18- **In general**, how much toothpaste is used when brushing _____'s teeth? [*I ➡ Show Responses Card "D"*]

- | | |
|------------------------------------------------|---|
| No toothpaste | 1 |
| A small amount , about the size of a small pea | 2 |
| A small amount, equivalent to a thin smear | 3 |
| More than the size of a small pea | 4 |
| The whole length of the toothbrush | 5 |
| Do not know | 8 |
| Refusal | 9 |
-

SECTION 3 - ABOUT THE PARENT-CHILD RELATIONSHIP WITH YOUR CHILD/TWIN OF ABOUT 17 MONTHS...

THIS SECTION FOCUSES ON THE PARENT-CHILD RELATIONSHIP. THE
QUESTIONS CONCERN ONLY _____ (OF ABOUT 17 MONTHS).
(first name of child/twin)

I ➡ SHOW RESPONSES CARD "E" AND SAY TO RESPONDENT:

* **CHARACTERISTIC BEHAVIOUR REFERS TO YOUR CHILD/TWIN'S TYPICAL BEHAVIOURS;**

* **ON THE CONTRARY, UNCHARACTERISTIC BEHAVIOUR IS THAT BEHAVIOUR WHICH IS
NOT TYPICAL OF YOUR CHILD/TWIN.**

19- _____ (OF ABOUT 17 MONTHS) keeps track of your location when playing in the house.
He/she notices whenever you change rooms or activities.

Extremely characteristic	01	Somewhat uncharacteristic	07
Very characteristic	02	Very uncharacteristic	08
Somewhat characteristic	03	Extremely uncharacteristic	09
Slightly characteristic	04	Do not know	98
Neutral	05	Refusal	99
Slightly uncharacteristic	06		

20- If you pick up _____ whenever is frightened or upset, he/she calms down quickly.

Extremely characteristic	01	Somewhat uncharacteristic	07
Very characteristic	02	Very uncharacteristic	08
Somewhat characteristic	03	Extremely uncharacteristic	09
Slightly characteristic	04	Do not know	98
Neutral	05	Refusal	99
Slightly uncharacteristic	06		

21- _____ (OF ABOUT 17 MONTHS) clearly demonstrates a tendency to use you as a security base from which to explore. He/she moves out to play, returns to home base, then resumes playing.

Extremely characteristic	01	Somewhat uncharacteristic	07
Very characteristic	02	Very uncharacteristic	08
Somewhat characteristic	03	Extremely uncharacteristic	09
Slightly characteristic	04	Do not know	98
Neutral	05	Refusal	99
Slightly uncharacteristic	06		

22- _____ follows your recommendations implicitly even when they are expressed as suggestions rather than instructions.

Extremely characteristic	01	Somewhat uncharacteristic	07
Very characteristic	02	Very uncharacteristic	08
Somewhat characteristic	03	Extremely uncharacteristic	09
Slightly characteristic	04	Do not know	98
Neutral	05	Refusal	99
Slightly uncharacteristic	06		

23- _____ follows you when asked to do so.

Extremely characteristic	01	Somewhat uncharacteristic	07
Very characteristic	02	Very uncharacteristic	08
Somewhat characteristic	03	Extremely uncharacteristic	09
Slightly characteristic	04	Do not know	98
Neutral	05	Refusal	99
Slightly uncharacteristic	06		

24- _____ (OF ABOUT 17 MONTHS) puts his/her arms around you or his/her hands on your shoulders when picked up.

Extremely characteristic	01	Somewhat uncharacteristic	07
Very characteristic	02	Very uncharacteristic	08
Somewhat characteristic	03	Extremely uncharacteristic	09
Slightly characteristic	04	Do not know	98
Neutral	05	Refusal	99
Slightly uncharacteristic	06		

For twins only

CP



Yes

☐

No

☐

Finishing time (*heure internationale*) of questionnaire :
(For twins only)

--	--

Hour/s

--	--

Minute/s

Our most sincere thanks for cooperation!

SINGLETONS/TWINS AGED ABOUT 17 MONTHS

SECTION 1 - ABOUT THE FEEDING PROFILE OF _____ (AGED ABOUT 17 MONTHS)...

(First name of child/twin)

THIS SECTION WILL ENABLE YOU TO DRAW UP A FEEDING PROFILE FOR
_____ (YOUR CHILD/TWIN OF ABOUT 17 MONTHS)
BY DETERMINING HIS/HER FEEDING HABITS AND ADDRESSING THE
INTRODUCTION OF BEVERAGES AND NEWS FOODS.

2- When _____ (child/twin OF ABOUT 17 MONTHS) is at home with you, how often does he/she eat

	Always	Almost always	Sometimes	Almost never	Refusal
a) ... the same food as you?	1	2	3	4	9
b) ... a different meal that you prepare?	1	2	3	4	9

3- At what age did _____ (child/twin OF ABOUT 17 MONTHS) first start having meals with solid (*NOT PURÉE FOOD*) ?

Number of months _____ 01
 Did not start yet 97
 Do not know 98
 Refusal 99

4- In general, does _____ ...

	Never	Rarely	Sometimes	Often	Refusal
a) ... eat enough?	1	2	3	4	9
b) ... refuse to eat the right food?	1	2	3	4	9
c) ... over-eat?	1	2	3	4	9

5- At what age did you stop nursing (or giving breast milk) to _____ ?

I did not nurse my child/twin (give him breast milk) 1
 _____ days 2
 _____ week/s 3
 _____ month/s 4
 I am still breast feeding 5
 Do not know 8
 Refusal 9

For TWINS ONLY

For consultation only

6- At what age did you stop giving commercial baby formulas to _____ (child/twin OF ABOUT 17 MONTHS)?

I did not give my child/twin commercial baby formulas 1 ➡ (Go to Q. 7)

_____ days 2

_____ week/s 3

_____ month/s 4

I am still feeding him/her formula 5

Do not know 8

Refusal 9

6a- In the commercial baby formula, was there added iron? [I ➡ Refer to the last formula used]

Yes 1

No 2

Do not know 8

Refusal 9

7- At what age did you start giving cow's milk to _____?

I do not give my child/twin cow's milk 1

_____ days 2

_____ week/s 3

_____ month/s 4

Do not know 8

Refusal 9

8- Is _____ (child/twin OF ABOUT 17 MONTHS) **still** drinking from a bottle?

- | | |
|---------------------------|-------------------|
| Yes | 1 ➡ (Go to Q. 8b) |
| No | 2 ➡ (Go to Q. 8a) |
| Never drank from a bottle | 3 |
| Do not know | 8 ➡ (Go to Q. 9) |
| Refusal | 9 |

8a- At what age did he/she stop completely? _____ months ➡ (Go to Q. 9)

8b- How often does he/she want a bottle...

	Never	Rarely	Sometimes	Often	Refusal
b1- ... to get to sleep during the day (naptime)?	1	2	3	4	9
b2- ... to get to sleep at night?	1	2	3	4	9
b3- ... during his/her nap?	1	2	3	4	9
b4- ... while he/she sleeps at night?	1	2	3	4	9
b5- ... when he/she is awake (when playing, watching television, walking around, etc..)?	1	2	3	4	9

8c- What do you put in the bottle **most often**? [I ➡ Write just one response ➡ Do not read the choices of responses]

- | | |
|---------------------------|---|
| Water | 1 |
| Breast milk | 2 |
| Commercial infant formula | 3 |
| Cow's milk | 4 |
| Juice | 5 |
| Juice with water added | 6 |
| Other (specify) _____ | 7 |

- 9- In the past week, what quantity of MILK and/or CHOCOLATE MILK has _____ (OF ABOUT 17 MONTHS) drunk, on average, per day (bottle or glass)? [I ➔ Write the number and circle "1" for oz or "2" for ml)

_____ number of bottles of _____ oz 1
or
_____ ml 2

AND/OR

_____ number of glasses of _____ oz 1
or
_____ ml 2

He/she does not drink milk
and/or chocolate milk 97

Do not know 98

Refusal 99

- 9a- In the past week, what quantity of FRUIT JUICE and/or FRUIT DRINKS has _____ drunk, on average, per day (bottle or glass)? [I ➔ Write the number and circle "1" for oz or "2" for ml)

_____ number of bottles of _____ oz 1
or
_____ ml 2

AND/OR

_____ number of glasses of _____ oz 1
or
_____ ml 2

He/she does not drink fruit
juice and/or fruit drinks 97

Do not know 98

Refusal 99

10- Does _____ still eat BABY CEREAL?

Yes 1 ➡ (Go to Q. 11)

No 2

Refusal 9 ➡ (Go to Q. 11)

10a- At what age did _____ stop eating BABY CEREAL?

_____ months 1

_____ weeks 2

Do not know 8

11- In the past week, on average, how many times during the week or how many times per day has _____ (OF ABOUT 17 MONTHS) eaten the following foods?

[I ➡ Show Responses Card B)

	NONE	TIMES (DURING THE WEEK)			TIMES (PER DAY)		DO NOT KNOW
		1-2	3-4	5-6	1	2 AND +	
a) Milk	1	2	3	4	5	6	8
b) Cheese	1	2	3	4	5	6	8
c) Yoghurt, milk desserts (example: Laura Secord milk puddings) [I ➡ excluding ice creams]	1	2	3	4	5	6	8
[I ➡ In the past week...]							
d) Fruit	1	2	3	4	5	6	8
e) Juice/Fruit drinks	1	2	3	4	5	6	8
f) Vegetables/Potato	1	2	3	4	5	6	8
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h) Meat (example: pork, beef, veal, etc.)	1	2	3	4	5	6	8
i) Fish	1	2	3	4	5	6	8
[I ➡ In the past week...]							
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k) Bread	1	2	3	4	5	6	8
l) Baby cereal	1	2	3	4	5	6	8
m) Cereal other than baby cereal (example: Corn Flakes, Froot Loops, etc.)	1	2	3	4	5	6	8
[I ➡ In the past week...]							
n) Pasta/Rice	1	2	3	4	5	6	8
o) Pastries/Candies/Cookies/Chips	1	2	3	4	5	6	8

12- What type or brand of fluoride supplements (alone or in combination with vitamins and/or minerals) are you **currently** giving _____ (child/twin OF ABOUT 17 MONTHS)?

[I ➡ See the Responses Card "C"]

Name on box : _____ 1

Currently, not taking any 2 ➡ (Go to Q.13)

12a- How often is he/she taking them **now**?

Twice a day 1

Once a day 2

Less than once a day 3

Less than once a week 4

Do not know 8

Refusal 9

12b- At what age did you start giving him/her **THESE** fluoride supplements?

When he/she was born 1

_____ days 2

_____ week/s 3

_____ month/s 4

Do not know 8

Refusal 9

13- In the past three months (namely since last...), how many times has _____ (child/twin OF ABOUT 17 MONTHS) suffered from...

	None	Once	Twice	3 times	4 and +	DNK	Refusal
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SECTION 2 - ABOUT THE TEETH OF _____ AGED ABOUT 17 MONTHS...

(First name of child/twin)

15- How old was _____ (child/twin OF ABOUT 17 MONTHS) when his/her teeth were brushed for the first time?

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16- Who usually brushes _____'s teeth?

He/she brushes them him/herself	1
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17- Yesterday, for instance, how many times were _____'s teeth brushed?

Teeth were not brushed	1
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Twice	3
3 times or more	4
Do not know	8
Refusal	9

18- **In general**, how much toothpaste is used when brushing _____'s teeth? [*I ➔ Show Responses Card "D"*]

- | | |
|------------------------------------------------|---|
| No toothpaste | 1 |
| A small amount , about the size of a small pea | 2 |
| A small amount, equivalent to a thin smear | 3 |
| More than the size of a small pea | 4 |
| The whole length of the toothbrush | 5 |
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-

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QUESTIONS CONCERN ONLY _____ (OF ABOUT 17 MONTHS).
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24- _____ (OF ABOUT 17 MONTHS) puts his/her arms around you or his/her hands on your shoulders when picked up.

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Somewhat characteristic	03	Extremely uncharacteristic	09
Slightly characteristic	04	Do not know	98
Neutral	05	Refusal	99
Slightly uncharacteristic	06		

For singletons only

☐ CP

Yes ☐ No ☐

Finishing time (*heure internationale*) of questionnaire :
(For singletons only)

Hour/s

Minute/s

Our most sincere thanks for cooperation!

I ➔ For TWINS ONLY, go to the next section.